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PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number 760-001			
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY	OR OTHER THAN SMALL ENTITY		
FOR		NUMBER FILED	NUMBER EXTRA	RATE	FEE	RATE	FEE	
BASIC FEE (37 CFR 1.16(e))					\$ 375	\$ _____		
TOTAL CLAIMS (37 CFR 1.16(c))		minus 20 =	* _____		x \$ _____ =	\$ _____		
INDEPENDENT CLAIMS (37 CFR 1.16(b))		minus 3 =	* _____		x _____ =	\$ _____		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+ _____ =	\$ _____		
* If the difference in column 1 is less than zero, enter "0" in column 2					TOTAL	375	OR TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					SMALL ENTITY	OR OTHER THAN SMALL ENTITY		
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	* _____	Minus	** _____	= _____	x \$ _____ =	\$ _____	
Independent (37 CFR 1.16(b))					x _____ =	\$ _____		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ _____ =	\$ _____		
(Column 1) (Column 2) (Column 3)					TOTAL ADDIT. FEE	TOTAL ADDIT. FEE		
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	* _____	Minus	** _____	= _____	x \$ _____ =	\$ _____	
Independent (37 CFR 1.16(b))					x _____ =	\$ _____		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ _____ =	\$ _____		
(Column 1) (Column 2) (Column 3)					TOTAL ADDIT. FEE	TOTAL ADDIT. FEE		
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	* _____	Minus	** _____	= _____	x \$ _____ =	\$ _____	
Independent (37 CFR 1.16(b))					x _____ =	\$ _____		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ _____ =	\$ _____		
(Column 1) (Column 2) (Column 3)					TOTAL ADDIT. FEE	TOTAL ADDIT. FEE		

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.
 Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U. S. Patent and Trademark
 Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for
 Patents, Washington, DC 20231.